



**Business Registration Form  
Services of Tanning Equipment and Facilities  
Bureau of Radiological Health**

**For DHEC use only: Registration # 00-** \_\_\_\_\_ **Fees paid:** \_\_\_\_\_

**SECTION I- Please type or print and use a pen**

Company Name \_\_\_\_\_

Owner(s) of Company \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Telephone # (to include toll free) \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION II - Type of Services Offered (Please mark all that apply)**

\_\_\_\_\_ A. Sales of tanning equipment. (**Note: a monthly report must be submitted**). List new equipment lines sold: \_\_\_\_\_

\_\_\_\_\_ B. Sales of tanning equipment components. List: \_\_\_\_\_

\_\_\_\_\_ C. Installation tanning equipment and related components

\_\_\_\_\_ D. Servicing of tanning equipment and related components

\_\_\_\_\_ E. Tanning Lamps. Manufacturers carried (*to include private label lamps and their manufacturers*): \_\_\_\_\_

\_\_\_\_\_ F. Acrylic

\_\_\_\_\_ G. Sanitizers. List brands sold: \_\_\_\_\_

\_\_\_\_\_ H. Eye Protection. List brands sold: \_\_\_\_\_

\_\_\_\_\_ I. Client medical/skin history evaluation cards. (Provide a sample of each)

\_\_\_\_\_ J. Computer Software. Types sold: \_\_\_\_\_

\_\_\_\_\_ K. Insurance

\_\_\_\_\_ L. Tanning Equipment Operator Formal Training

\_\_\_\_\_ M. Other. Specify: \_\_\_\_\_

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**SECTION III- Employees**

Employees who enter into South Carolina to perform servicing, installations, etc. must complete DHEC 0830 for each applicable person. Each employee must have qualifications which are in accordance with the requirements of this Department. Each employee must read Regulation 61.106 ATanning Facilities and comply with these regulations. If a copy of these regulations are not available, please contact the Department at (803) 545-4400 to receive a copy. **Indicate if this applies to you \_\_\_\_\_.**

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**Please submit this application and fees to: SC DHEC, Radiological Health, 2600 Bull Street, Columbia, SC 29201. If there are any questions, please call (803) 545-4400 or fax them to (803) 545-4412.**

**Note that a monthly report form (DHEC 0829) must be submitted to the Department by the tenth of each month if you sell or install tanning equipment. The monthly report may be mailed to the Department at the address above or sent by fax to (803) 545-4412.**

**Any changes to this application or employee information, if applicable, must be reported to the Department within 30 days.**

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Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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